

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050063

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 6 1964

1003

12675

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>St Louis</b>  |   | Length of stay in 1b<br><b>5 mo</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Homer Phillips.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>5607 LeBadie</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Jessie</b> Middle <b>Lee</b> Last <b>Washington</b>   |   | 4. DATE OF DEATH<br>Month <b>12</b> - Day <b>19</b> - Year <b>63</b>   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>NEGRO</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                    | 8. DATE OF BIRTH<br><b>5-27-1886</b>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Work</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>NONE</b>   |  |
| 11a. FATHER'S NAME<br><b>William Berry</b>  |   | 11b. MOTHER'S MAIDEN NAME<br><b>Zilfa Eruan</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |  |
| 17. INFORMANT<br><b>Mary Smith</b>  |   | 17. ADDRESS<br><b>5607 LeBodie</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b><br>DUE TO (b) <b>Atherosclerosis</b><br>DUE TO (c) <b>260x</b>             |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <b>four</b> a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>St Louis</b>  |  |
| 21. I attended the deceased from <b>12-15-A</b> to <b>12-15-A</b> and last saw her alive on <b>12-15-A</b><br>Death occurred at <b>12-15-A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22c. DATE SIGNED<br><b>12-23-63</b>  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Helen P. Taylor, Coroner</b>   |   | 22b. ADDRESS<br><b>1300 Clark Ave.</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>12-24-63</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Berkley MO</b> |
| 24. FUNERAL DIRECTOR<br><b>PRILE FUNERAL HOME</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 23 1963</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John Smith. M.D.</b>  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No.

4444

P. O. Address

4202 Fremont Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.